

234073

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2011 - 500 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Konstantinos PatoulasTelephone: 803-2693951Address: 118 Leonard Cir  
Camden SC 29020Fax: 803-7139841

Other: \_\_\_\_\_

Email: Kosta @ truvista.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input checked="" type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 12/9/11

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

KP OF CAMDEN LLC Konstantinos Patoulas

118 Leonard Cir Camden SC 29020  
Street Address of Applicant

118 Leonard Cir Camden SC 29020  
Mailing Address of Applicant (if different from street address)

803 2693951 803 713-9841  
Phone Fax

Kostas@truvista.net  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 12 Year 2011

### Assets:

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
X Motor Vehicles (Net)	six thousand \$6,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets*</b>	
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity*</b>	

\* Total Assets = Total Liabilities and Equity

K P of Camden, LLC  
Balance Sheet  
September 30, 2011

ASSETS

Current Assets		
First Community Bank	\$	12,042.76
		<hr/>
Total Current Assets		12,042.76
Property and Equipment		
Automobiles		5,163.00
Accum. Depreciation - Automobi		(4,454.00)
		<hr/>
Total Property and Equipment		709.00
Other Assets		
		<hr/>
Total Other Assets		0.00
		<hr/>
Total Assets	\$	12,751.76
		<hr/> <hr/>

LIABILITIES AND CAPITAL

Current Liabilities		
FUTA Tax Payable	\$	2.56
State Payroll Taxes Payable		1.93
SUTA Payable		0.33
FICA Payroll Taxes Payable		127.68
		<hr/>
Total Current Liabilities		132.50
Long-Term Liabilities		
		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		132.50
Capital		
Retained Earnings		8,218.02
Member's Draw		(4,303.93)
Common Stock		500.00
Net Income		8,205.17
		<hr/>
Total Capital		12,619.26
		<hr/>
Total Liabilities & Capital	\$	12,751.76
		<hr/> <hr/>

Unaudited - For Management Purposes Only

**K P of Camden, LLC**  
**Income Statement**  
**For the Nine Months Ending September 30, 2011**

	Current Month		Year to Date	
<b>Revenues</b>				
Fares Income	\$ 3,184.40	100.00	\$ 27,125.85	100.00
<b>Total Revenues</b>	<u>3,184.40</u>	<u>100.00</u>	<u>27,125.85</u>	<u>100.00</u>
<b>Cost of Sales</b>				
Total Cost of Sales	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
<b>Gross Profit</b>	<u>3,184.40</u>	<u>100.00</u>	<u>27,125.85</u>	<u>100.00</u>
<b>Expenses</b>				
Auto Expenses-gas	758.40	23.82	7,268.35	26.79
Bank Charges	0.00	0.00	20.30	0.07
Dues and Subscriptions Exp	7.00	0.22	123.00	0.45
Legal and Professional Expense	0.00	0.00	230.00	0.85
Licenses Expense	0.00	0.00	255.50	0.94
Repairs & Maintenance	187.89	5.90	2,089.71	7.70
Payroll Tax Expense	27.37	0.86	82.11	0.30
Other Taxes	0.00	0.00	121.68	0.45
Franchise Expense	840.00	26.38	7,770.00	28.64
Wages Expense	320.01	10.05	960.03	3.54
<b>Total Expenses</b>	<u>2,140.67</u>	<u>67.22</u>	<u>18,920.68</u>	<u>69.75</u>
<b>Net Income</b>	<u>\$ 1,043.73</u>	<u>32.78</u>	<u>\$ 8,205.17</u>	<u>30.25</u>

For Management Purposes Only

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$2.50 For Mile  
after two people 0.50¢ each  
For Truck Spots \$2.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |  |   |
|-------------------------------------|---------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee                 | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington           | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion              | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro            | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick           | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry            | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee              |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg          | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens             |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input checked="" type="checkbox"/> Richmond |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote is for:

K P OF CAMDEN Konstantinos Patoulas  
Name of Applicant

118 Leonard Cir Camden SC 29020  
Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 2697 Limits \$ 250,000 OSL

The above quoted premium is for a term of 12 mo months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000  
8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

Columbia Ins Co  
Name of Insurance Company

3024 Harney St. Omaha, Nebraska  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12/9/11 Date  
C. B. F. Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



NEW

RENEWAL OF NUMBER

## COLUMBIA INSURANCE COMPANY

3024 Harney Street  
OMAHA, NEBRASKA  
1-800-356-5750☐ The Declarations  
include a second  
part

GA Code: N32728

71 APR 269270

## BUSINESS AUTO COVERAGE DECLARATIONS

## ITEM ONE NAMED INSURED &amp; ADDRESS

KP OF CAMDEN LLC  
118 LEONARD CIRCLE  
CAMDEN, SC 29020

FORM OF NAMED INSURED'S BUSINESS: LLC

NAMED INSURED'S BUSINESS: TAXI

POLICY PERIOD: Policy covers FROM 11/07/2011 12:44 PM TO 11/07/2012 12:01 A.M. Standard Time at the Named Insured's Address stated above.

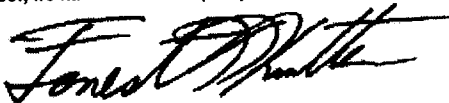
## ITEM TWO — SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 250,000 CSL	\$ 2,195
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	7	\$ 75,000 CSL (BI/PD)	\$ 251
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	7	\$ 75,000 CSL (BI/PD)	\$ 251
<b>PHYSICAL DAMAGE INSURANCE</b>			
COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR OR REPLACEMENT WHICHEVER IS LESS MINUS	\$ Deductible FOR EACH COVERED AUTO \$
SPECIFIED CAUSES OF LOSS			\$ Deductible FOR EACH COVERED AUTO \$
COLLISION COVERAGE			\$ Deductible FOR EACH COVERED AUTO \$
TOWING AND LABOR		\$	\$ Deductible FOR EACH COVERED AUTO \$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)			PREMIUM FOR ENDORSEMENTS \$
			ESTIMATED TOTAL PREMIUM \$ 2,697
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE — SCHEDULE OF COVERED AUTOS AS ATTACHED			

Countersigned at CAROLINA INSURANCE SERVICE INC.  
WINSTON-SALEM, NC


In Witness whereof, we have caused this policy to be executed and attested.



Secretary

By

AUTHORIZED SIGNATURE



President

C-5241 (07/2006)

11/08/2011 12:26 69351911-D7B9-49B4-BC82-2F1DD7A31F3A

**Exhibit Fit, Willing, and Able (FWA)**

K P OF CAMDEN Konstantinos Pafoulas  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

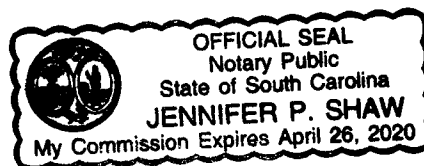
K P OF CAMDEN KONSTANTINOS PATOULES  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Kershaw )

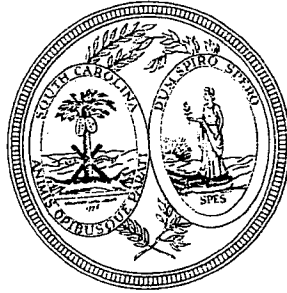
SWORN TO BEFORE ME  
This 9<sup>th</sup> day of December, 2011

  
Notary Public

Commission Expires 4-26-2020



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

K P OF CAMDEN, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 14th, 2008, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
14th day of July, 2008.

*Mark Hammond*

Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

JUL 14 2008

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is K P OF CAMDEN LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is  
118 LEONARD CIRCLE

Street Address

29020

CAMDEN

Zip Code

City

3. The initial agent for service of process of the Limited Liability Company is

KOSTANTIOS PATOULAS

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

118 LEONARD CIRCLE

Street Address

29020

CAMDEN

Zip Code

City

4. The name and address of each organizer is

(a) KOSTANTIOS PATOULAS

Name

118 LEONARD CIRCLE

Street Address

CAMDEN

City

SC

State

29020

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

080714-0091

K P OF CAMDEN, LLC

FILED: 07/14/2008

Filing Fee: \$135.00 ORIG



Mark Hammond

South Carolina Secretary of State

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(b) \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(c) \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(d) \_\_\_\_\_  
Name

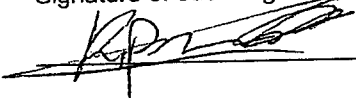
\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
- \_\_\_\_\_
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer
-  \_\_\_\_\_
- (Add Additional lines if necessary)
- Date 7/14/08

**FILING INSTRUCTIONS**

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
  2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
  3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.
- Return to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211

**NOTE**

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.